

Medicaid ACH-PCS Cost Settlement
Adult Care Home with Special Care Unit Beds
2007 - 2008
REPORT DUE DATE: JANUARY 31, 2009

Facility Name: _____	Facility Address: _____
County: _____	City, State, Zip Code: _____
License Number: _____	Medicaid Provider Number: _____
NPI Number: _____	
FID Number: _____	Cost Reporting Period: From _____ Through _____

Line #	ITEM	AMOUNTS
1.	Total: Personal Care Service Cost	1. _____
2.	Total: Health Services	2. _____
3.	Total: Initial/Orientation Aide Training	3. _____
4.	Add: [Line #1 plus Line #2 plus Line #3]	4. _____
5.	Total: Facility Costs	5. _____
6.	Total Administration & General Cost	6. _____
7.	Facility Costs Less Administration & General Cost [Line #5 - Line #6]	7. _____
8.	Administration Cost Factor [Divide Line #6 by Line #7]	8. _____
9.	Loaded PCS Costs [Multiply Line #4 by (Line #8 + 1.00)]	9. _____
10.	Resident Days	10. _____
11.	SA (Medicaid) Days	11. _____
12.	Medicaid % [Divide Line #11 by Line #10]	12. _____
13.	Medicaid Loaded PCS Cost [Multiply Line #9 by Line #12]	13. _____
14.	Medicaid PCS Payment	14. _____
15.	Balance Now Due: [Line #14 minus Line #13 but do not enter less than \$ 0.00]	15. _____

Line # Cost Report Schedule References

- 1. Schedule C, Line 60, Column 7
- 2. Schedule C, Line 80, Column 7
- 3. Schedule C, Line 90, Column 7
- 5. Schedule C, Line 240
- 6. Schedule C, Line 120, Column 7
- 10. Schedule A, Line 19
- 11. Schedule A, Line 20
- 14. Schedule B, Line 4, Column 5

Signature of person filling out the form: _____

Telephone Number: _____

MAIL FORM AND BALANCE DUE PAYABLE TO:

Division of Medical Assistance
Finance Management-Rate Setting
2501 Mail Service Center
Attention: Elizabeth Grady
Raleigh, NC 27699-2501